

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031388

STATE FILE NUMBER

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2496

FILED SEP 13 1961

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Sunset Hills

Length of stay in lb

DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Gravois Rest Haven

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

St. Louis

c. CITY
OR TOWN

Affton

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

5134 Lode

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

WILLIAM

J

MUNZLINGER

4. DATE
OF
DEATH

Month

Day

Year

September

3

1961

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/29/1874

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10b. KIND OF BUSINESS OR INDUSTRY

brick layer

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

not known

13b. MOTHER'S MAIDEN NAME

not known

14. NAME OF HUSBAND OR WIFE

Margaret E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Margaret E Munzlinger 5134 Lode

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis
Arterio-sclerotic-cardio
vascular disease - chronic
Brain SyndromeINTERVAL BETWEEN
ONSET AND DEATH

30 min.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

None

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7-21-61 to 8-3-61

and last saw her
him alive on 8-9-61

Death occurred at

4 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

9/6/1961

23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

John L Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG.

9-5-61

26. REGISTRAR'S SIGNATURE

John B. Munzlinger M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. T. Kidwell
Licensed Embalmer No. 3877

P. O. Address 7027 Hawaii

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.